189452

STATE OF SOUTH CAROLINA	)	BEFORE THE	
(Caption of Case)		PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA	
TO E. C. B. 1 2001	j	TRANSPORTATION CO	OVER SHEET
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(Please type or print) Submitted by: (10 h of )	a Rollaga da in 18	7 Pan Numbau	
Address: 2901kg.cm.z.	s Delocation du Soll To	elephone: 704.85	11.551/
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NOTE: The cover sheet and information con as required by law. This form is required for be filled out completely.	tained herein neither replaces no use by the Public Service Comm	or supplements the filing and service of mission of South Carolina for the pur	of pleadings or other papers pose of docketing and must
		MATION (Check all that apply	
Emergency Relief demanded in per	tition Request for it	em to be placed on Commission	's Agenda expeditiously
Other: Membersh	ip to SC. Thus	ff Bureau	
INDUSTRY (Check one)	NATUR	E OF ACTION (Check all tha	t apply) .
☐ Electric	Affidavit	Letter	Request
☐ Electric/Gas	Agreement	Memorandum	Request for Certificatio
Electric/Telecommunications	Answer	Motion	Request for Investigation
☐ Electric/Water	Appellate Review	Objection	Resale Agreement
Electric/Water/Telecom.	Application	Petition	Resale Amendment
Electric/Water/Sewer	Brief	Petition for Reconsideration	Reservation Letter
Gas	Certificate	Petition for Rulemaking	Response
Railroad	Comments	Petition for Rule to Show Cause	Response to Discovery
Sewer	Complaint	Petition to Intervene	Return to Petition
Telecommunications	Consent Order	Petition to Intervene Out of Time	Stipulation
Transportation	Discovery	Prefiled Testimony	Subpoena
☐ Water	Exhibit	☐ Promotion	<b>⊠</b> Tariff
Water/Sewer	Expedited Consideration	Proposed Order	Other:
Administrative Matter	Interconnection Agreement	Protest	
Other:	Interconnection Amendment	Publisher's Affidavit	
	Late-Filed Exhibit	Report	

## TARIFF AGREEMENT - SOUTH CAROLINA TARIFF BUREAU, INC.

The undersigned household goods motor vehicle carrier, in consideration of the mutual convents between it and the South Carolina Tariff Bureau, Inc. (the "corporation") contained in the Agreement, By-Laws and Procedures of the corporation, agrees to establish rates, classifications, allowances, and charges in accordance with the provisions of the Agreement, By-Laws and Procedures of the corporation, as they may from time to time be amended. The corporation agrees to publish in tariff form for the account of the undersigned carrier such rates, classifications, and charges in accordance with the Agreement, By-Laws and Procedures of the corporation. The undersigned carrier shall have the right to take independent action with respect to any tariff changes as provided by the Agreement, By-Laws and Procedures of the corporation.

*Carrier Act of Class Kelocation, INC. Certificate#_
*Use the same name as listed on your SC Public Service Commission Certificate
Signature:
Name (Printed or Typed) Stephen M. Sullivan Title Pros i DENT
Mailing Address: 290 Unionville INDIANTRAIL RD INDIANTRAIL NO 28079
Phone: 704-821-5511 Fax: 704-821-5129 Email: 5/21/0 aut of classicion
Witness: Delly Hunt Printed Name Betty Hunt
Witness: And Printed Name JUNE FER DOWNAN

NOTE: If you have additional agencies, please list their locations and phone numbers on a separate sheet and attach.

2005 Update

## LIMITED POWER OF ATTORNEY - SOUTH CAROLINA TARIFF BUREAU, INC.

Act of Class Kelocation, INC.
(Name of Carrier- Use the same name as listed on your SCPSC Certificate)
290 UnionVI/18 (NDION TRAIL ROAD
(Mailing Address – P.O. Box or Street)
INDIAN TRAIL NC 28019
(City, State, Zip)

The above common carrier of household goods by motor vehicle does hereby make and appoint the South Carolina Tariff Bureau, Inc., its attorney and agent to publish and file for such carrier freight rates, classifications, allowances and charges as permitted or required of common carriers of household goods by motor vehicle under the laws of the State of South Carolina and the regulations of the South Carolina Public Service Commission. The carrier does hereby ratify and confirm all that the said attorney and agent may lawfully do by virtue of such authority and does hereby assume full responsibility for the acts or failure to act of said attorney and agent.

Signature:
Name (Printed or Typed) STEPHEN M. Sullivan Title: President
Witness: Printed Name Betty Hust
Witness: Printed Name TENNITER BOWN

2005 Update